Bacterial adhesion and disease activity in Helicobacter associated chronic gastritis

S J Hessey, J Spencer, J I Wyatt, G Sobala, B J Rathbone, A T R Axon, M F Dixon

Abstract

Ultrastructural examination of biopsies showing Helicobacter pylori associated chronic gastritis reveals close attachment between gastric surface epithelial cells and the organism. The finding of ‘adhesion pedestals’, which represents a cellular response to the presence of the organism, is analogous to the response of intestinal cells to enteropathogenic E coli. Thus the development of bacterial attachment sites in H pylori associated gastritis might be an indication of pathogenicity. We have therefore explored the relationship between the proportion of organisms forming attachment sites and histological indices of disease ‘activity’. Antral biopsies from 40 patients with H pylori positive gastritis were examined histologically and ultrastructurally, and the percentage of attached organisms compared with subjective assessments of epithelial degeneration, mucin depletion, polymorphonuclear and chronic inflammatory cell infiltration. We found a significant increase in the proportion of attached bacteria in cases showing histological evidence of degeneration, and a significant decrease in cases showing intraepithelial polymorph infiltration. The direct relationship between bacterial attachment and cellular degeneration leads further support to a pathogenic effect. Reduced attachment in the face of polymorph infiltration might indirectly reflect aspects of the immune response – namely, blocking of adhesion by IgA, with complement activation and generation of leukocytic factors.

Since the identification and isolation of spiral organisms from the human stomach by Warren and Marshall in 1983, there have been numerous reports linking such organisms, now termed Helicobacter pylori, with active chronic gastritis.4 Despite immunological,5 ultrastructural,6,7 ingestion8,9 and treatment studies, the pathogenicity of H pylori remains controversial.

Previous ultrastructural studies have made reference to the close association between H pylori and the gastric epithelium in chronic gastritis,10 and these epithelial attachment sites have been compared with those formed by enteropathogenic E coli.4 The ability of E coli to adhere to epithelial cells through a specialised attachment site, the ‘adhesion pedestal’ is important in the initiation of intestinal disease,11 and it could be that H pylori gives rise to chronic gastritis in a similar manner. If this is so, then the development of specialised attachment sites represents an important aspect of pathogenicity and their presence and frequency should be related to the degree of gastritis.

The aim of this study was to investigate the morphological features of H pylori adhesion at the ultrastructural level and to explore the relationship between bacterial attachment and the severity of gastric disease.

Patients

Three adjacent antral biopsies were collected from each of 83 consenting patients complaining of dyspepsia, using an Olympus GIF Q10 endoscope. Two biopsies were fixed in formalin, paraffin embedded, and 5μm sections stained with haematoxylin-eosin (HE), Alcian Blue/periodic acid-Schiff (AB/PAS) and the modified Giemsa technique.12 The latter was used to determine H pylori positivity. The severity of chronic gastritis in each case was assessed by one pathologist (MFD) using the H and E and AB/PAS stained sections. In addition to assessing infiltration of the lamina propria (interstitium) and epithelium by polymorphs, which is the conventional criterion for defining ‘active’ chronic gastritis, attention was also directed towards mononuclear cell infiltration of the mucosa, mucin depletion and epithelial degeneration. Each of these five features was graded 0-3 (0=absence, 3=mild, etc) to reflect current disease ‘activity’ in a broader sense. Glandular atrophy and intestinal metaplasia were not assessed as these are considered to be indicators of duration and progress of the gastritis rather than activity.

The remaining biopsy from each patient was fixed for three hours in 3% glutaraldehyde in phosphate buffered saline (PBS), pH 7.4, and then stored in PBS until the H pylori status was known. In H pylori positive cases, the tissue was oriented and routinely processed for transmission electron microscopy. 0.1μm sections were stained with uranyl acetate and lead citrate and viewed independently (by SJH) using a Philips 420T or a Joel 1200 Ex Electron Microscope.

Ultrastructurally H pylori were seen either randomly scattered in the mucus layer or more frequently in close proximity to the plasma membrane of the surface or foveolar epithelial cells. H pylori adhesion sites were defined as ‘a close attachment between bacteria and epithelial cells such that no space is visible between them’. Adherent organisms were quantified in each case as a percentage of the total organisms present. The proportion of adherent organisms was related to the grades of severity of each of the five

Departments of Pathology, University of Leeds and St James’s University Hospital, and the Gastroenterology Unit, General Infirmary at Leeds, Leeds S J Hessey J Spencer J I Wyatt G Sobala B J Rathbone A T R Axon M F Dixon

Address for correspondence: Dr M F Dixon, Department of Pathology, University of Leeds, Leeds LS2 9JT

Accepted for publication 10 April 1989

Bacterial adhesion and disease activity in Helicobacter associated chronic gastritis

histological parameters as assessed in the adjacent formalin fixed biopsies. Statistical analysis was performed using the Spearman rank correlation and Mann-Whitney U test.

A limited number of additional antral biopsies were stained with Ruthenium-red to show surface glycoproteins using a pre-embedding staining technique based on those of Luft and of Fowler. Three such biopsies came from H pylori positive patients and were subjected to ultrastructural examination.

Results

Of the 83 dyspeptic patients, 45 had H pylori associated gastritis of which 40 sets of biopsies proved to be suitable for concurrent histological and ultrastructural examination.

ULTRASTRUCTURE

H pylori were seen to be darkly staining flagellated organisms with a double unit membrane. The outer wall was most densely stained and bore an extraneous layer of irregular, radially arranged fine fibrils. These were often condensed between the organism and epithelial cell producing an intervening 'fuzzy layer'. It was thought that these fibrillar structures might be pili but this was not confirmed by negative staining of cultured organisms with methylamine tungstate acid. Ruthenium red stained the epithelial cell brush border and the extraneous coat of the bacteria forming a granular deposit (Fig 1), this suggests the involvement of a negatively charged acidic polysaccharide in connecting the bacterial glycocalyx with that of the epithelial cell.

Where H pylori were closely associated with epithelial cells, there was loss of microvilli with flattening of the plasma membrane which often had a degenerate appearance with outpouchings and blebs. The epithelium also showed depletion of mucin granules and some cytoplasmic loss, the cells becoming more cuboidal with an increased nucleo-cytoplasmic ratio. Where organisms had migrated between cells or were concreted in niches at pit bases, intracellular oedema, vacuolation and lysosome accumulation were observed (Fig 2). The latter changes, however, were not seen in surface cells exhibiting bacterial attachment on their luminal aspects alone.

Between 23 and 629 (mean=125.5, SEM=24.8) H pylori were found per biopsy. The wide variations in the number of organisms present in the ultrathin sections meant that comparisons based on absolute numbers of adhesion sites would be meaningless, accordingly adhesion has been expressed as a percentage of the total count of H pylori found in each case. Between 0 and 41.5% (median 21.5%) of the total bacteria formed adhesion sites. On the basis of the morphological appearances, three categories of adhesion site were observed: the adhesion pedestal where the epithelial cell forms a plateau like extrusion and cups the organism to varying degrees, as described for E coli adhesion by Inman et al (Fig 3a); indentation sites where the organisms dip into the epithelial surface (Fig 3b); and abutting adhesion where apart from loss of microvilli, the contour of the epithelial cell is unchanged at the point of contact with the organism (Fig 3c). The majority (67%) of adherent H pylori were abutting; indentations and pedestals were less frequently seen (17% and 16% respectively).

ULTRASTRUCTURE \& DISEASE ACTIVITY

In comparing the proportion of adherent organisms with histological disease activity, the three morphological adhesion sites have been grouped together because the significance of the different forms of adhesion is
as yet unknown and it seems likely that they are all steps in a single adhesion process. The proportion of adherent organisms for varying degrees of severity of the five histological parameters are shown in the Table.

When the individual results for percentage adhesion were compared with the corresponding grades for the histological features using the Spearman rank correlation test, no significant relationship emerged. In a two category situation, however, significantly increased percentages of adhesion were found in cases showing epithelial degeneration (grades 1, 2 and 3) when compared with those cases without degeneration (p=0.013; Mann-Whitney U test). Epithelial degeneration (Fig 4) was always present when more than 20% of organisms were found to be adherent (Fig 5). In contrast, there was a significant decrease in the percentages of adherent organisms when intraepithelial polymorphs were seen (grades 1, 2 and 3) compared with the percentages found in the absence of polymorphs (p=0.041).

Although increased adhesion was found with more severe mucin depletion, this did not reach statistical significance. Only one case showed absence of interstitial polymorphs but there was no difference in adhesion between mild (grade 1) and more severe grades (2 and 3) of interstitial infiltration. All cases showed some increase in chronic inflammatory cells over those found in normal mucosa; the percentages of adhesion found in cases with moderate and severe infiltration were not significantly different from mild cases.

**Discussion**

When comparing the epithelial attachment of *H pylori* to that of *E coli* several features in common were noted, for example the loss of microvilli and membrane flattening, the loss of cytoplasm from involved cells and the ragged irregular luminal borders of such cells. The loss of the terminal web and depletion of glycocalyx which is typical of *E coli* attachment to small intestinal cells was, however, not seen with *H pylori*, but these structures are much less developed in gastric epithelial cells. The consistent finding of a 'fuzzy' layer, which proved to be Ruthenium red positive, indicates a role for glycosubstances in adhesion. Recent work has shown that oligosaccharide residues are

**TABLE** Mean percentage of adhesive *H pylori* found with increasing severity (grade) of five histological features

<table>
<thead>
<tr>
<th>Grade</th>
<th>Epithelial degeneration</th>
<th>Mucin depletion</th>
<th>Intestinal polymorphs</th>
<th>Intra-epithelial polymorphs</th>
<th>Chronic inflammation</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2-70)</td>
<td>(5-51)</td>
<td>(--)</td>
<td>(3-09)</td>
<td>(--)</td>
<td></td>
</tr>
<tr>
<td>(4-17)</td>
<td>(3-48)</td>
<td>(2-39)</td>
<td>(3-02)</td>
<td>(3-20)</td>
<td></td>
</tr>
<tr>
<td>Moderate/severe</td>
<td>(2-47)</td>
<td>(2-62)</td>
<td>(4-14)</td>
<td>(4-24)</td>
<td>(2-61)</td>
</tr>
</tbody>
</table>

Figures in square parenthesis represent the number of patients in each category (total = 40), and the standard error of the mean.'
involved in ligand-bacterial interactions for *E. coli* and after the completion of our study Evans et al. have shown that *H. pylori* possesses a fibrillar N-acetylneuraminylactose-binding haemagglutinin which the authors suggest is the adhesin responsible for epithelial attachment. Interestingly their results with immunogold staining show that the fibrillar antigen covers the entire bacterial surface in the form of a capsule like network, a picture analogous to that we obtained with Ruthenium red staining.

Previous ultrastructural studies on *H. pylori* associated gastritis have noted intracellular changes similar to those in *E. coli* induced enteritis, including oedema, vacuolation, swelling of endoplasmic reticulum and lysosome accumulation. These more severe intracellular degenerative changes were not conspicuous in this study except where organisms had migrated between cells or were congregated in niches at the bases of the gastric pits. It seems likely that toxins released by the bacteria are responsible for the cell damage and exert a maximal effect when concentrated in areas such as the intercellular spaces. That *H. pylori* produces cytotoxins has now been established and Leunk et al. have shown cytoplasmic vacuolation in a cultured intestinal cell line exposed to broth culture filtrates of the organism.

A feature not described in *E. coli* adhesion was the finding of intracellular cystic spaces which were partially filled with granular and amorphous material and lined by microvilli bearing a glycocalyx (Fig 6). These were observed in a minority of epithelial cells in three of the 40 *H. pylori* positive cases. They have been previously observed in *Helicobacter*-bearing epithelium by Fiocca et al. and could be larger versions of the cytotoxin-induced vacuoles described by Leunk et al. Similar intracellular ‘cysts’ are seen in some gastric carcinoma cells. The aetiology and significance of such cysts has not been elucidated, but presumably they represent atypical endocytic vacuoles.

Although ‘activity’ in chronic gastritis is conventionally defined by the presence and number of neutrophil polymorphs, for the purposes of this study we have broadened the term to include other possible responses to infection—that is, mononuclear cell infiltration, mucin depletion and epithelial degeneration. Degeneration was recognised histologically by ragged cytoplasmic margins, a high nucleo-cytoplasmic ratio, and heaping up of cells to form syncytia-like masses (Fig 4). While these cells invariably show loss of microvilli, distortion of the plasma membrane and loss of mucin granules on electron-microscopy, it is surprising that histological ‘degeneration’ was not generally paralleled by intracellular degenerative changes on electron-microscopy. Despite this, we found a significantly increased proportion of *H. pylori* exhibiting adhesion to the gastric epithelium in the presence of histological degeneration assessed independently by a second observer. In particular, epithelial degeneration was always present when more than 20% of organisms had formed adhesion sites. There are two possible explanations for this, either there is preferential attachment of *H. pylori* to previously damaged cells, or *H. pylori* adhesion plays a role in the production of cell damage. The first explanation seems unlikely; *H. pylori* do not colonise gastric mucosa injured by reflux gastritis or lymphocytic gastritis. On the other hand adhesion sites could produce damage, for example, by providing a site for direct toxin delivery from *H. pylori* to the epithelial cell or by allowing localised luminal accumulation of harmful substances produced by the ‘anchored’ organisms. Whether *H. pylori* adhere before or after epithelial degeneration occurs could only be discovered by sequential studies in a suitable model system where the development of colonisation could be followed.

Mucin depletion was readily recognised in the AB/PAS stained sections and was a consistent feature of active gastritis. Loss of mucin granules was confirmed on electron microscopy. While more severe grades of mucin depletion were
associated with higher proportions of adherent organisms, the differences failed to achieve statistical significance.

With regard to inflammatory cells, there were no significant changes in the percentages of adhesion with increasing infiltration by chronic inflammatory cells and polymorphs in the lamina propria. For intraepithelial polymorphs, however, there was a significant decrease in the percentages of adherent organisms in cases showing epithelial infiltration. This apparently paradoxical finding might be a consequence of the local immune response. Coating of organisms by IgA would inhibit adhesion and at the same time opsonisation by complement activated through the alternate pathway would both promote phagocytosis and generate complement products chemotactic for polymorphs. In this way, one could arrive at the inverse relationship between bacterial attachment and intraepithelial polymorph infiltration which we observed.

To conclude, we believe that the demonstration of a direct relationship between bacterial attachment and epithelial degeneration lends further support to the pathogenic role of H pylori in the development of chronic gastritis.

Hessey, Spencer, Wyatt, Sobala, Rathbone, Axon, Dixon

Bacterial adhesion and disease activity in Helicobacter associated chronic gastritis.

S J Hessey, J Spencer, J I Wyatt, G Sobala, B J Rathbone, A T Axon and M F Dixon

Gut 1990 31: 134-138
doi: 10.1136/gut.31.2.134

Updated information and services can be found at:
http://gut.bmj.com/content/31/2/134

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Topic Collections
Articles on similar topics can be found in the following collections
Stomach and duodenum (1689)

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/